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Bib Data Sheet

CONFIRMATION NO. 8407

<b>SERIAL NUMBER</b> 09/753,336	<b>FILING OR 371(c) DATE</b> 12/29/2000 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2114	<b>ATTORNEY DOCKET NO.</b> SCAL.P0004
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/695,499 10/23/2000 and claims benefit of 60/186,693 03/03/2000  
 and claims benefit of 60/186,774 03/03/2000 *yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****N/A***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

06/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>mt</i>				

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**TITLE**

Failover architecture for local devices that access remote storage

<b>FILING FEE RECEIVED</b> 470	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees. <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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